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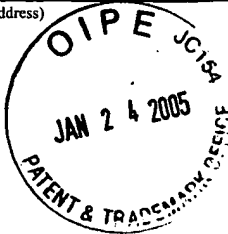
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10/21/2004

Samuels, Gauthier & Stevens LLP
 Suite 3300
 225 Franklin Street

01/26/2005 PTO 00134 09938277

01 FC:2501 700.00 DP
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Sarah E. Kennedy

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/938,277	08/23/2001	Barbara J. Hughey	NSI.6382	1932

TITLE OF INVENTION: SAMPLE INTRODUCTION INTERFACE FOR ANALYTICAL PROCESSING

Repln. Ref: 01/26/2005 SFELEKE2 0012361600
 DA#:190079 Name/Number:09938277
 FC: 9204 \$51.00 CR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HASHMI, ZIA R	2881	250-288000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gauthier & Connors LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Newton Scientific, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Massachusetts Institute of Technology Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0079 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

RAC 75192

Date

1/21/2005

Typed or printed name

Matthew E. Connors

Registration No.

33,298

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